

Patient: HYDE, PHILLIP W MRN: 2257360 (MGH)
 Author: William W. Tomford, MD

Status: Imported
 Visit Date: 11/02/2005

Patient Name: HYDE, PHILLIP; MRN: 2257360
 Dictated on: 11/06/2005 by WILLIAM W. TOMFORD, M.D.

This is a follow up office visit for this 63-year-old man who is status post left total hip replacement for severe degenerative arthritis and traumatic femoral neck fracture following the arthritis.

This patient has had continued problems with his hip replacement originally done on 7/25/05. He had a dislocation on 17 August 2005 in which he was in bed, flexed his hip, internally rotated it and the hip dislocated posteriorly. At that time he was instructed on treatment of his hip, avoidance of similar positions, prevention of dislocations and was also put into an abduction brace in order to hold him in.

He has dislocated several times since however and is in today for evaluation.

Today his range of motion is good and the x-ray shows position of the hip is satisfactory with the joint reduced.

The x-ray shows also that his femoral component has subsided approximately 6.0-8.0 mm when compared to original x-rays.

Under the circumstances, I feel that Mr. Hyde should undergo another operation in order to prevent dislocations. It appears that he has now stretched out the tissues to the point where they will continue to dislocate unless something is done surgically to prevent this.

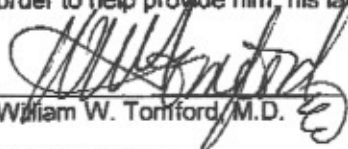
I reviewed the problem with him, told him that I may need to change the femoral component as well because of its subsidence but it does appear to have stabilized at the current position and explained to him that the type of prosthesis that I used will stabilize just as this one appears to have done. However, because of the subsidence it is possible that it is loose and would therefore need to be changed. Regarding the acetabulum I told him that I felt that this appears to be in satisfactory position although it may require some type of constrained prosthesis or jumbo femoral head in order to prevent dislocations in the future.

Mr. Hyde is scheduled to report for incarceration according to him on Monday, November 14, 2005. It is my opinion that he should undergo revision hip surgery however prior to being incarcerated. Currently I have his surgical date scheduled for Friday, November 11, 2005.

I told Mr. Hyde that I would send a note to him regarding the above and that I would ask that he submit it to the judge of his case in order to obtain a stay on the date of his need to report for incarceration.

I predict that he will need to delay his incarceration for approximately two months while he is on crutches and undergoing rehabilitation following his hip surgery.

I asked Mr. Hyde to send me a fax number and I will fax this note to him as soon as it is transcribed in order to help provide him, his lawyer and the judge with the information that I think is necessary.


 William W. Tomford, M.D.

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